PTO/SB/08 (07-08)

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Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 663839 0 Substitute for Form PTO-875 APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY HIGHEST CLAIMS REMAINING NUMBER PRESENT RATE (\$) RATE (\$) AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL ENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total Minus 20 ENDM (37 CFR 1,160)) OR Minus 7 OR Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(I)) N/A OR N/A TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS REMAINING PRESENT RATE (\$) NUMBER RATE (\$) ADDI-ADDI-**EXTRA** TIONAL TIONAL PREVIOUSLY **AFTER** EN MENDMENT PAID FOR FEE (\$) FEE (\$) Total Minus (37 CFR 1.16(1)) OR ENDM Minus OR Application Size Fee (37 CFR 1.18(8)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM '(37 CFR 1.18(0)) N/A OR N/A TOTAL TOTAL OR ADD'L FEE ADO'L FEE OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY V SMALL ENTITY CL AIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) ADDI-EXTRA. AFTER PREVIOUSLY TIONAL TIONAL FEE (\$) AMENDMENT PAID FOR FEE (\$) ũ Total (37 CFR 1.16(1)) Minus AMENDA x OR Independent . (37 CFR 1.18(h)) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1)) N/A OR N/A TOTAL. TOTAL ADD'L FEE ADD'L FEE (Column 2) (Column 1) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) ADDI-EXTRA AFTER PREVIOUSLY TIONAL TIONAL AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1,16(1)) Minus ENDM OR Minus OR x Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)) N/A OR TOTAL ADD'L FEE TOTAL OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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